

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003  
ky085v02

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH  
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of Providence

**PHA Number:** KY085001

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2003

**PHA Plan Contact Information:**

Name: Frank Skinner

Phone: 270-667-5786

TDD: 1-800-648-6056

Email (if available): haofprov@vci.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(select all that apply)**

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- ☒ Main administrative office of the PHA
- ☐ PHA development management offices
- ☐ Main administrative office of the local, county or State government
- ☐ Public library
- ☐ PHA website
- ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- ☒ Main business office of the PHA
- ☐ PHA development management offices
- ☐ Other (list below)

**PHA Programs Administered:**

- ☐ Public Housing and Section 8      ☐ Section 8 Only      ☒ Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 2003**  
[24 CFR Part 903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

<b><u>Contents</u></b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
i. Executive Summary	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	2
4. Homeownership: Voucher Homeownership Program	3
5. Crime and Safety: PHDEP Plan	3
6. Other Information	4
A. Resident Advisory Board Consultation Process	4
B. Statement of Consistency with Consolidated Plan	4
C. Criteria for Substantial Deviations and Significant Amendments	5
<b>Attachments:</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available For Review	7
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program KY36P08550103 Annual Statement	10
<input checked="" type="checkbox"/> Attachment C: Capital Fund Program KY36P08550102 Evaluation and Progress Report	13
<input checked="" type="checkbox"/> Attachment D: Capital Fund Program KY36P08550101 Evaluation and Progress Report	16
<input checked="" type="checkbox"/> Attachment E: Capital Fund Program 5 Year Action Plan	19
<input type="checkbox"/> Attachment F: Public Housing Drug Elimination Program (PHDEP) Plan	22
<input checked="" type="checkbox"/> Attachment G: Resident Membership on PHA Board or Governing Body	29
<input checked="" type="checkbox"/> Attachment H: Membership of Resident Advisory Board or Boards	30
<input checked="" type="checkbox"/> Attachment I: Comments of Resident Advisory Board or Boards & Explanation of PHA response. (must be attached if not included in PHA plan text)	30
<input checked="" type="checkbox"/> Other (List Below, providing each attachment name)	
<input checked="" type="checkbox"/> Attachment J: Progress in Meeting Goals	30
<input checked="" type="checkbox"/> Attachment K: Voluntary Conversion of Developments from Public Housing Stock	31
<input checked="" type="checkbox"/> Attachment L: Follow-Up Plan to Results of PHAS Resident Satisfaction Survey	32
<input checked="" type="checkbox"/> Attachment M: Deconcentration and Income Mixing Analysis	32

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

**The Board of Commissioners, by Board Resolution, equated ceiling rents to flat rents for each unit size.**

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. ☒ Yes ☐ No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 124,546.00

C. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided as Attachment E.

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B.

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component ; if "yes", complete one activity description for each development.)

#### 2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/>

Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for      units <input type="checkbox"/> Public housing for      units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for      units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

#### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to next component; if “yes”, describe each program using the table below (copy and complete questions for each program identified.)

#### **B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

#### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. ☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board (RAB) Recommendations and PHA Response**

1. ☒ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached in Attachment I.

3. In what manner did the PHA address those comments? (select all that apply)

- ☒ The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
☐ Yes ☐ No: below or  
☒ Yes ☐ No: at the end of the RAB Comments in Attachment I.
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.
- ☐ Other: (list below)

### **B. Statement of Consistency with the Consolidated Plan**

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: Commonwealth of Kentucky

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

- ☒ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- ☐ Other: (list below)

In the 2000-2002 Interim Consolidated Plan, the Consolidated Plan announces Kentucky's strategy for pursuing three federal statutory goals. The first goal is decent housing. The first objective listed to achieve this goal is helping homeless persons obtain affordable housing. The Housing Authority's admissions policy supports this objective as we have a local admissions preference for homeless persons. The second goal is a suitable living environment. The first objective toward achieving this goal is improving the safety and livability of neighborhoods. The H.A. is constantly monitoring safety concerns on site and inside the dwelling units. The H.A. uses capital funds to improve the living conditions of the neighborhood. The third goal is expanding economic opportunities. An objective toward reaching this goal is empowerment and self-sufficiency for low-income persons to reduce generational poverty in public housing. The H.A. also supports this objective as we have a local admissions preference for wage earning households. We also provide a 20% earned income deduction and a ceiling rent. These incentives allow resident families to retain more of their disposable income for other household needs such as food, clothing, transportation, child-care, and education.

The overall goal of the Housing portion of the Housing and Community Development Strategic Plan is to provide decent, safe and sanitary housing by maintaining and increasing affordable housing opportunities for low income Kentuckians. We are in agreement with this goal as the number one goal of our Five Year Plan is to ensure decent, safe and affordable housing in our community.

### 3. PHA Requests for support from the Consolidated Plan Agency

- ☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

### 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

#### A. Substantial Deviation from the 5-year Plan:

Board-approved change of Mission Statement.

#### B. Significant Amendment or Modification to the Annual Plan:

Changes to rent or admissions policies or organization of the waiting list.

Additions of non-emergency work items that change H.A. Mission Statements or Goals.

Any change with regarding to demolition or disposition, homeownership programs or conversion activities.

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements. Such changes will not be considered significant amendments .



**Attachment A.**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the “Applicable & On Display” column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>X</b>	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
<b>X</b>	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
<b>X</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>X</b>	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>X</b>	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
<b>X</b>	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<b>X</b>	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
<b>X</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>X</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>X</b>	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>X</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
<b>X</b>	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
<b>X</b>	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Pet Policy
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## Attachment B.

### Capital Fund Program Annual Statement

Annual Statement/Performance and Evaluation Report					
Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: <b>Housing Authority of Providence</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY36P08550103</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2003</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )             Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	22,910			
3	1408 Management Improvements				
4	1410 Administration	43,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	13,636			
10	1460 Dwelling Structures	9,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	36,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	124,546			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Providence			<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P08550103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MO3-1	Operations	1406		22,910				
MO3-3b.	Administrative Assistant	1410		10,400				
MO3-3c.	Employee Benefits	1410		4,000				
MO3-3d.	Computer Lab Program Coordinator	1410		28,600				
MO3-4a.	Replace Parking Area	1450		5,000				
MO3-4c.	Mulch Landscaping	1450		3,136				
MO3-4d.	Volleyball Court	1450		500				
MO3-5a.	Playground Equipment	1450		5,000				
MO3-5b.	Window Curtain Strips	1460		5,000				
MO3-5c.	Staircase Padding	1460		4,000				
MO3-5d.	Storage Building	1470		36,000				



## Attachment C.

### Capital Fund Program Performance and Evaluation Report

Annual Statement/Performance and Evaluation Report					
Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: <b>Housing Authority of Providence</b>		Grant Type and Number Capital Fund Program Grant No: KY36P08550102 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 02) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	23,626	23,626		
3	1408 Management Improvements	2,500	2,500		
4	1410 Administration	41,974	42,974		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,960	4,960		
10	1460 Dwelling Structures	40,486	40,486		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	114,546	114,546		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of Providence		Grant Type and Number Capital Fund Program Grant No: KY36P08550102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MO2-1	Operations	1406		23,626	23,626	-0-	-0-	
MO2-2	Upgrade copier/printer	1408	1	2,500	2,500	-0-	-0-	
MO2-3b.	Clerical Employee	1410	1	9,360	10,400	-0-	-0-	
MO2-3c.	Employee Benefits	1410		4,014	3,974	-0-	-0-	
MO2-3d.	Computer Lab Program Coordinator	1410	2	28,600	28,600	-0-	-0-	
MO2-4a.	Landscaping (picnic tables)	1450	2	2,000	2,000	-0-	-0-	
MO2-4c.	Security Lights	1450	3	2,960	2,960	-0-	-0-	
MO2-4d.	Tree Removal	1450	10	1,000	-0-	-0-	-0-	
MO2-5a.	Bathroom Vanities	1460	68	23,800	23,800	-0-	-0-	
MO2-5b.	Hall Closet Doors	1460	20	5,000	5,000	-0-	-0-	
MO2-5c.	Washer Room Shelves	1460	59	3,000	3,000	-0-	-0-	
MO2-5d.	Garbage Cans	1460	60	2,500	2,500	-0-	-0-	
MO2-5e.	Dryer Vents	1460	59	1,200	1,200	-0-	-0-	
MO2-5f.	Ranges & Refs.	1460	9	2,458	2,458	-0-	-0-	
MO2-5g.	Mailboxes	1460	59	600	600	-0-	-0-	
MO2-5h.	Sink Strainers	1460	128	928	928	-0-	-0-	
MO2-5i.	Floor Vents	1460	150	1,000	1,000	-0-	-0-	



**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

[illegible]

**Attachment D:**  
**Capital Fund Program Performance and Evaluation Report**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: <b>Housing Authority of Providence</b>		Grant Type and Number Capital Fund Program Grant No: <b>KY36P08550101</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 03) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	29,422	28,482	28,482	24,212
3	1408 Management Improvements				
4	1410 Administration	41,272	43,090	43,090	34,540
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	1,000	1,000	-0-	-0-
10	1460 Dwelling Structures	48,968	48,090	35,090	2,170
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	400	400	-0-	-0-
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	121,062	121,062	106,662	60,922
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name: Housing Authority of Providence		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>KY36P08550101</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant: 2001</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MO1-1	Operations	1406		29,422	28,482	28,482	24,212	85%
MO1-2a.	Clerk of the Works	1410	1	1,180	1,180	1,180	1,180	100%
MO1-2b.	Clerical Employee	1410	1	8,900	9,500	9,500	8,260	89%
MO1-2c.	Employee Benefits	1410		2,592	4,000	4,000	2,530	63%
MO1-2d.	Computer Lab Program Coordinator	1410	2	28,600	28,410	28,410	22,570	79%
MO1-3a.	Playground Security Lighting	1450	1	1,000	1,000	-0-	-0-	-0-
MO1-4a.	Bathroom Vanities	1460	68	-0-	-0-	-0-	-0-	-0-
MO1-4b.	Washer Room Inserts	1460	20	13,000	13,000	-0-	-0-	-0-
MO1-4c.	Ceiling Fans	1460	84	6,000	6,000	6,000	100	2%
MO1-4d.	Hall Closet Doors	1460	20	-0-	-0-	-0-	-0-	-0-
MO1-4e.	Washer Rooms Shelves	1460	60	-0-	-0-	-0-	-0-	-0-
MO1-4f.	Floor Repair	1460	2	1,000	1,940	1,940	1,940	100%
MO1-4g.	Light Fixtures	1460		28,968	27,150	27,150	130	1%
MO1-5a.	Community Room Appliances	1475	2	400	400	-0-	-0-	-0-

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Housing Authority of Providence			Grant Type and Number Capital Fund Program No: KY36P08550101 Replacement Housing Factor No:			Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KY85-1	12/31/02	12/31/03		06/30/04			

# **Attachment E:**

## **Capital Fund Program Five-Year Action Plan**

### Part I: Summary

PHA Name Housing Authority of Providence		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
<i>KY085001</i>	Annual Stateme nt	114,546	114,546	114,546	114,546
CFP Funds Listed for 5-year planning		114,546	114,546	114,546	114,546
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2004 PHA FY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHA FY: 2005		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	<b><i>KY085001</i></b>	<b><i>OPERATIONS</i></b>	<b><i>22,910</i></b>	<b><i>KY085001</i></b>		
Statement		<b><i>ADMINISTRATIVE ASSISTANT</i></b>	<b><i>10,400</i></b>		<b><i>OPERATIONS</i></b>	<b><i>22,910</i></b>
		<b><i>EMPLOYEE BENEFITS</i></b>	<b><i>4,000</i></b>		<b><i>ADMINISTRATIVE ASSISTANT</i></b>	<b><i>10,400</i></b>
		<b><i>PROGRAM COORDINATOR</i></b>	<b><i>28,600</i></b>		<b><i>EMPLOYEE BENEFITS</i></b>	<b><i>4,000</i></b>
		<b><i>COMPUTER HARDWARE</i></b>	<b><i>15,000</i></b>		<b><i>PROGRAM COORDINATOR</i></b>	<b><i>28,600</i></b>
		<b><i>LANDSCAPING</i></b>	<b><i>10,000</i></b>		<b><i>ENTRY AND STORM DOORS</i></b>	<b><i>23,636</i></b>
		<b><i>RANGES AND REFRIGERATORS</i></b>	<b><i>9,836</i></b>		<b><i>RANGES AND REFRIGERATORS</i></b>	<b><i>5,000</i></b>
		<b><i>INTERIOR DOORS</i></b>	<b><i>5,000</i></b>		<b><i>MAINTENANCE TRUCK</i></b>	<b><i>20,000</i></b>
		<b><i>PARKING</i></b>	<b><i>8,800</i></b>			
Total CFP Estimated Cost			<b><i>114,546</i></b>			<b><i>114,546</i></b>

# Capital Fund Program Five-Year Action Plan

## Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See Annual Statement</b>	<i>Operations</i>	<i>22,910</i>		<i>Operations</i>	<i>22,910</i>	
	<i>Administrative Assistant</i>	<i>10,400</i>		<i>Administrative Assistant</i>	<i>10,400</i>	
	Employee Benefits	<i>4,000</i>		Employee Benefits	<i>4,000</i>	
	Program Coordinator	<i>28,600</i>		Program Coordinator	<i>28,600</i>	
	Cabinets and Countertops	<i>48,636</i>		Cabinets and Countertops	<i>48,636</i>	
Total CFP Estimated Cost		114,546			114,546	

**Attachment F:**

**PHA Public Housing Drug Elimination Program Plan**

**Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.**

**Section 1: General Information/History**

- A. Amount of PHDEP Grant \$**\_\_\_\_\_
- B. Eligibility type (Indicate with an “x”)**      **N1**\_\_\_\_\_ **N2**\_\_\_\_\_ **R**\_\_\_\_\_
- C. FFY in which funding is requested** \_\_\_\_\_
- D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

**E. Target Areas**

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

**F. Duration of Program**

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

**12 Months**\_\_\_\_\_ **18 Months**\_\_\_\_\_ **24 Months**\_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.



Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**Required Attachment G: Resident Member on the PHA Governing Board**

1. ☐ Yes ☒ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

☐ Elected

☐ Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- ☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- ☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- ☒ Other (explain):

The following is a letter from the Mayor of Providence: As the Mayor of Providence it is my responsibility to appoint members to the Providence Municipal Housing Commission Board. As the Housing Authority is a relatively small development, and in an effort to protect the confidentiality of resident information, I believe that it is in the best interest of the local Housing Authority that I appoint non-resident board members.

B. Date of next term expiration of a governing board member: July 2003.

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

The Honorable Jerry Fritz, Mayor of Providence.

### **Required Attachment H: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Brandy Watson  
Angela Stevens  
Theresa Ricks  
Tonya Mason  
Mary Ricks

### **Required Attachment I: Comments of Resident Advisory Board and Explanation of PHA Response**

Resident suggestions and Board of Commissioners responses are as follows:

- ⌚ The residents suggested some sort of padding on the stairs to deaden noise. The Board accepted this suggestion and the work item is included in the 50103 Capital Fund Budget.
- ⌚ The residents asked for kitchen sink strainers. This item is already included in the 50102 Capital Fund Budget.
- ⌚ The residents suggested more landscaping and replace dead trees and shrubs. The Board agreed with this suggestion and the work is included in the 50103 Capital Fund Budget and in the 2004 Budget.
- ⌚ The residents asked for new interior doors. This item is already included in the 50102 Capital Fund Budget and in the 2004 Budget.
- ⌚ Install new sand at the volleyball court, install new wood chips at the playground, and install "kiddy swings". The Board agreed with these suggestions and they are included in the 50103 Capital Fund Budget.
- ⌚ Install aluminum window blinds and a strip of wood over the windows from which to hang curtains and blinds. The Board denied the blinds, but accepted the wood strip over the windows. This item is included in the 50103 Capital Fund Budget.

### **Required Attachment J: Progress in Meeting Goals**

1. Goal: Ensuring decent, safe, and affordable housing in our community.  
The H.A. has continued to provide safe, decent, and affordable housing in our community. Crime is almost non-existent here. The grounds and common areas are kept clean and with the combination of our utility allowances, flat rent, and earned income exclusion the H.A. is the most affordable housing in the area.
2. Goal: Manage the H.A.'s public housing program in an efficient and effective manner thereby qualifying as at least a standard performer.  
We have managed our H.A. efficiently and effectively so as to remain a high performer this year.



3. Goal: Enhance the marketability of H.A.'s public housing units.  
We have enhanced the marketability of the H.A. by continuing modernization projects and by keeping the development clean and crime free.
4. Goal: Improve resident perception of safety and security in the H.A.'s public housing development.  
We have installed window screen latches using FYE 2000 Capital Funds and are planning more site lighting with FYE 2001 and 2002 Capital Funds.
5. Goal: Deliver timely and high quality maintenance service to the residents of the H.A.  
This year we completed 100% of our emergency work orders within 24 hours. Our average to complete non-emergency work orders was 1 day.
6. Goal: Operate the H.A. in full compliance with all equal opportunity laws and regulations.  
We have and will continue to operate the H.A. in compliance with all Equal Opportunity laws and will further fair housing.
7. Goal: Ensure full compliance with all applicable standards and regulations.  
We have complied with all Generally Accepted Accounting Practices and have good financial scores on the most recent Public Housing Assessment System Financial Indicator. We have maintained our Operating Reserves at a level well above \$50,000.
8. Goal: Improve economic opportunity (self-sufficiency) for the families and individuals who reside in our housing development.  
We are striving to improve self-sufficiency for the families of the H.A. by continuing to operate our excellent computer lab facility, which offers G.E.D. classes, college credit courses, general computer literacy training, adult literacy, and after-school tutoring programs for school aged children.

#### **Required Attachment K: Voluntary Conversion of Developments from Public Housing Stock**

As required by 24 CFR Part 972- Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed the development's operation as public housing:
2. Considered the implications of converting the public housing to tenant-based assistance:
3. Concluded that the conversion of the development may be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

Our rationale for this decision is as follows:

- ⌚ We have a rather lengthy waiting list.
- ⌚ We are the affordable housing choice in the area.
- ⌚ We sustain a 97% or better occupancy rate.

- ⌚ We are able to sustain the property through the use of Capital Funding.
- ⌚ We have good financial assessment scores.

Required information for Voluntary Conversion Initial Assessment:

- a. How many of the PHA's developments are subject to the Required Initial Assessments? 1.
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions? 0.
- c. How many Assessments were conducted for the PHA's covered developments? 1.
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: 0.

**Required Attachment L: Follow-Up Plan to Results of PHAS Resident Satisfaction Survey**

As the PHA scored above 75% on all sections of the Resident Survey, a follow-up plan is not necessary.

**Required Attachment M: Deconcentration and Income Mixing Analysis:**

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. no.